EXHIBIT H



I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that

BERKELEY CASTLE FOUNDATION, INC.

Control number: 9AV94

has filed its application for "Certificate of Incorporation" in my office according to the provisions of the West Virginia Code. I hereby declare the organization to be registered as a corporation from its effective date of July 21, 2020, until a certificate of dissolution has been filed with Secretary of State.

Therefore, I hereby issue this

CERTIFICATE OF INCORPORATION



Given under my hand and the Great Seal of the State of West Virginia on this day of July 21, 2020

Mac Warner

Secretary of State

496872

WEST VIRGINIA ARTICLES OF INCORPORATION WITH NON-PROFIT IRS ATTACHMENT

Form CD-1NP Rev. 11/2017



FILED

West Virginia Secretary of State
Business & Licensing Division
Tel: (304)558-8000
Fax: (304)558-8381
Website: www.wysos.gov

JUL 2 I 2020

IN THE OFFICE OF WV SECRETARY OF STATE

FILE ONE ORIGINAL (Two if you want a filed stamped copy returned to you.)

NUL 2 1 7070

FILING FEE: \$25 (non-profit) Control # * Fee Waived for Veteran-owned corporation *** The undersigned, acting as incorporator(s) according to the West Virginia Code §31E-2-202, adopt the following *** Articles of Incorporation for a West Virginia Non-Profit Domestic Corporation, which shall be perpetual. 1. The name of the West Virginia corporation shall be: Berkeley Castle Foundation, Inc. [The name MUST contain one of the required corporate name endings* per §31D-4-401 of the West Virginia Code (*see attached instructions for the list of required name endings)]. This name is your official name and must be used in its entirety when in use unless a Trade Name (DBA) is registered with the Office of the Secretary of State, according to Chapter 47-8 of the West Virginia Code.] ₩ CHECK BOX in indicate you've included one of the REQUIRED CORPORATE NAME ENDINGS (See instructions for name endings). 2. The address of the principal office Street: 276 Cacapon Road of the corporation will be: City: State: WV Zip Code: 25411 **Berkeley Springs** County: Morgan Located in the County of (required): The mailing address of the above Street: location, if different, will be: City: State: Zip Code: 3. The physical address (not a PO Box) Street: 276 Cacapon Road of the principal place of business in West Virginia, if any: City: Berkeley Springs State: Zip Code: 25411 County: Morgan Located in the County of: The mailing address of the above Street: location, if different, will be: City: State: Zip Code: 4. The name and address of the person Name: Lydia Brimelow (agent) to whom notice of process may be sent, if any, will be: RECEIVED Street: P.O. Box 211 City: Ritchfield State: Zip Code: 06759

530V4V

	E-mail address where business correspon								
1	Website address of the business, if any (e	x: yourdomainname.com):							
	Do you own or operate more than one ousiness in West Virginia?	Yes * Answer a, and b, below.	No	Decli	ne to an	swer			
To the same of	f "Yes" a. How many businesses? b. Located in how many West Virginia counties?								
7	The corporation is organized as (check the	box helow\:							
	NON-PROFIT, NON-STOCK (If	you plan to apply for 501(c)(3) status you be included in your Articles of Incore	vith the IRS, oration.That	you will nee language is	ed to incl included	ude specific as an attachment			
	a. The <u>purpose</u> for which this corporation is formed is as follows: (Describe the type(s) of business activity which will be conducted, for example, "agricultural production of grain and poultry", "construction residential and commercial buildings", "manufacturing of food products", "commercial painting", "retail grocery and sale of beer and wine." Purpose may conclude with words "including the transaction of any or all lawful business for which corporations may be incorporated in West Virginia.")								
	the transaction of any or all lawful busin	ess for which corporations may be i	ncorporated	l in West Vi	rginia				
			************************	***************************************		5000000			
	b. Is the business a Scrap Metal Dealer? Yes [If "Yes," you must complete the No [Proceed to Section 10.] OR NON-PROFIT ONLY (Check the st		erm (Form	SMD-1) and	d procee	d to Section 10.]			
	Yes [If "Yes," you must complete the No [Proceed to Section 10.]	atement that applies to your entity.):	orm (Form	SMD-1) and	d procee	d to Section 10.]			
	Yes [If "Yes," you must complete the No [Proceed to Section 10.] FOR NON-PROFIT ONLY (Check the st	atement that applies to your entity.):	orm (Form	SMD-1) and	d procee	d to Section 10.]			
F	Yes [If "Yes," you must complete the No [Proceed to Section 10.] OR NON-PROFIT ONLY (Check the st Corporation will have NO MEMBER	atement that applies to your entity.): RS. See *NOTE below.) classes of members, the designation of appointment and the qualifications awas. If this applies to your entity then	f a cluss or cl and rights of	lasses is to b the membe	e set for ers of eac	th in the articles ch class is to be s			
F	Yes [If "Yes," you must complete the No [Proceed to Section 10.] OR NON-PROFIT ONLY (Check the st Corporation will have NO MEMBER Corporation will have MEMBERS (S NOTE: If the corporation has one or more neorgoration and the manner of election of orth in the articles of incorporation or bylabove required information, unless it will fit	atement that applies to your entity.): RS. See *NOTE below.) c classes of members, the designation of appointment and the qualifications aws. If this applies to your entity then in the space provided below.	f a class or cl and rights of you will nes	lasses is to b the membe d to attach	e set for ers of eac	th in the articles (
F	Yes [If "Yes," you must complete the No [Proceed to Section 10.] OR NON-PROFIT ONLY (Check the st Corporation will have NO MEMBER Corporation will have MEMBERS (S *NOTE: If the corporation has one or more incorporation and the manner of election of orth in the articles of incorporation or byles.	atement that applies to your entity.): RS. See *NOTE below.) c classes of members, the designation of appointment and the qualifications aws. If this applies to your entity then in the space provided below.	f a class or cl and rights of you will nes	lasses is to b the membe d to attach	e set for ers of eac	th in the articles (

WEST VIRGINIA ARTICLES OF INCORPORATION	Page 3							
12. Is the organization a "veteran-owned" organizat	ion?							
Effective JULY 1, 2015, to meet the requirement the following criteria per West Virginia Code §59	iffective JULY 1, 2015, to meet the requirements for a "veteran-owned" organization, the entity filing the registration must mee ne following criteria per West Virginia Code §59-1-2a:							
 A "veteran-owned business" means a business o Is at least fifty-one percent (51%) uncondition 	 A "veteran" must be honorably discharged or under honorable conditions, and A "veteran-owned business" means a business that meets one of the following criteria: o Is at least fifty-one percent (51%) unconditionally owned by one or more veterans; or o In the case of a publicly owned business, at least fifty-one percent (51%) of the stock is unconditionally owned by one or more veterans. 							
Yes (If "Yes," attach Form DD214)	CHECK BOX indicating y	ou have <u>attached Veterar</u>	Affairs Form DD214					
88 No	You may obtain a copy of your Veterans Affairs Form DD214 by contacting:	National Personnel I Military Personnel I 1 Archives Drive St. Louis, MO 63138 Toll free: 1-86-NARA Phone: 314-801-0800	Records Center Records A-NARA or 1-866-272-6272					
Per WV Code 59-1-2(j) effective <u>Inly 1, 2015</u> , the <u>registration fee is waived for entities that meet the requirements as a "veteran-owned" organization</u> . See attached instructions to determine if the organization qualifies for this waiver. In addition, a "veteran-owned" entity will have four (4) consecutive years of <u>Annual Report fees waived</u> AFTER the organization's initial formation [see WV Code 59-1-2a(m)]. 13. The number of acres of land it holds or expects to hold in West Virginia is: 55								
14. Contact and Signature Information* (See below	Important Legal Notice Re	egarding Signature):						
a. Contact person to reach in case there is a problem	with filing: Caleb P. Knigh	t Phone	+1 (304) 347-4242					
b. Print name of person who is signing articles of in	corporation: Lydia Brimelov	V						
c. Signature of Incorporator:	rune(gr)	Date:	July 15,2000					
*Important Legal Notice Regarding Signature: F Any person who signs a document he or she knows it to the secretary of state for filing is guilty of a m thousand dollars or confined in the county or regional	is false in any material respo isdemeanor and, upon conv	ect and knows that the viction thereof, shall b	document is to be delivered					
Important Note: This form is a public document. Place as social security number, bank account numbers	lease do <u>NOT</u> provide any s, credit card numbers, tax ic	personal identifiable lentification or driver's	information on this form license numbers.					
Reset Form Print Form								